## BEST AVAILABLE COPY,

## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001

**Application or Docket Number** 

10077197

CLAIMS AS FILED - PART I (Column 1)					(Column 2)		-	SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			32				ı	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMB	ER EXTRA		BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			32 minus 20=		. 12			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			/ minus 3 =		• 3		lt	X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter						column 2		TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVH PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE/
	Total	. 32	Minus	•• (	32	= /		X\$ 9=		OR	X\$18=	
	Independent	· 0	Minus		0	= /	1 1	X42=	/	OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							J	+140=.		OR	+280=	/
and to 5							L	TOTAL ODIT, FEE	1	OR	TOTAL ADDIT, FEE	
(Column 2) (Column 3)												
AMENDMENT 8		CLAIMS REMAINING AFTER AMENDMENT		PREVI	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 32	Minus	· 3.	2	• ~	Ш	X\$ 9=		OR	X\$18=	
	Independent	NTATION OF M	Minus	SENDEND	CO Alle		<b>↓</b> [	X42=		QR	X84=	•
-	FINOT PRESE	NIAHON OF M	OLITE DE	PENDEN	CCAIN		, [	+140=		OR	+280=	
				•			L	TOYAL DDIT, FEE		OR	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		8	] [	X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***		a.	]	X42=			X84=	
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							/\\\-		OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+280=	
••	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ****If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR	TOTAL ADDIT, FEE	
		nber Previously Pa					er four	d in the app	ropriate box	in col	uma 1.	